

HAWAII STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Oshiro	Paul	T.	525-6640	
MAILING ADDRESS (Street)			FAX	
P.O. Box 3440			525-6677	
(City)	(State)	(Zip Code)		
Honolulu	HI	96801		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Alexander & Baldwin, Inc.			525-6640	
MAILING ADDRESS (Street)			FAX	
P.O. Box 3440			525-6677	
(City)	(State)		(Zip Code)	
Honolulu	HI		96801	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Alexander & Baldwin, Inc	525-6640		
MAILING ADDRESS (Street)	FAX		
P.O. Box 3440	525-6677		
(City)	(State)	(Zip Code)	
Honolulu	HI	96801	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Paul T. Oshiro		525-6640	
MAILING ADDRESS (Street)	FAX		
P.O. Box 3440		525-6677	
(City)	(State)	(Zíp Code)	
Honolulu	HI	96801	

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PART III DESCRIPTIO Agriculture	N OF SUBJECTS UPON WE	IICH YOU EXPECT TO LOBB` ✓ Human Services	Y Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	✓ Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation			
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections				
······································	ON OF LOBBYIST					
I hereby certify that t	I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
	11-30-206					
	(Signature of Lobbyist)		(Date)			
PART V AUTHORIZAT	TION TO LOBBY					
NAME		TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED			
Nelson N.S. Chun		Senior Vice President a	and Chief Legal Officer			
NAME OF ORGANIZATION (if	applicable)		TELEPHONE			
Alexander & Baldwin, I	nc.		525-6622			
MAILING ADDRESS (Street)			FAX			
P.O. Box 3440			525-6678			
(City)	(State)		(Zip Code)			
Honolulu	HI		96801			
I hereby authorize tের্ট abঠve - named person to engage in lobbying activities on behalf of the undersigned.						
	8(12/1/06			
(Signature of	Authorizing Officer or Person Repre	sented)	(Date)			

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